

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 558 433

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5						
6						
7						
8		2				
9		2				
10		2				
11						
12						
13						
14						
15		2				
16		1				
17						
18						
19						
20						
21						
22						
23						
24		0				
25		1				
26						
27						
28						
29						
30		0				
31		1				
32						
33						
34						
35						
36						
37						
38		0				
39						
40	1					
41		1				
42						
43		3				
44						
45						
46						
47		0				
48		0				
49		2				
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		2				
53						
54						
55						
56						
57						
58						
59						
60		2				
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73		2				
74						
75						
76						
77						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		93		↓		
TOTAL DEP.		2	←		←	←
TOTAL CLAIMS		95				